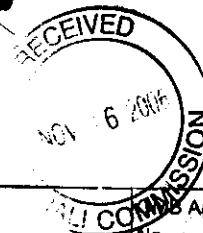


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted DENALI COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0103 - DC - 2003 - 116		3. Recipient Approval No. 0348-0038 Page of _____ pages	
3. Recipient Organization (Name and complete address, including ZIP code) NORTON SOUND HEALTH CORPORATION P.O. BOX 966, NOME ALASKA - 99762					
4. Employer Identification Number 920041488		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 9/30/2003		To: (Month, Day, Year) 9/31/2008		9. Period Covered by this Report From: (Month, Day, Year) JULY 1 2006	
To: (Month, Day, Year) Sep 30 2006					
10. Transactions:					
		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays		2934752.04		304380.00	
b. Recipient share of outlays		120,000		120,000.00	
c. Federal share of outlays		2814752.04		304380.00	
d. Total unliquidated obligations				3119132.04	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				3119132.04	
h. Total Federal funds authorized for this funding period				11,180,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				8,060,868.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title NAT PALAN (MPPAN)				Telephone (Area code, number and extension) 907 - 443 3201	
Signature of Authorized Certifying Official 				Date Report Submitted 16 November 18, 2006	

SN 7540-01-218-4387

ACCEPTED

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

